

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 36313

**Title:** Disabling portosystemic encephalopathy in a non-cirrhotic patient: successful endovascular treatment of a giant inferior mesenteric-caval shunt via the left internal iliac vein

**Reviewer's code:** 00503255

**Reviewer's country:** Japan

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-09-23

**Date reviewed:** 2017-09-24

**Review time:** 19 Hours

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y ] No	

## COMMENTS TO AUTHORS

The authors described a patient with portosystemic encephalopathy, successfully treated with interventional radiology procedure. The paper is well-written and has interesting findings.

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**Title:** Disabling portosystemic encephalopathy in a non-cirrhotic patient: successful endovascular treatment of a giant inferior mesenteric-caval shunt via the left internal iliac vein

**Reviewer's code:** 02904354

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-09-23

**Date reviewed:** 2017-09-24

**Review time:** 21 Hours

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

Interesting. The authors provided a rare case without liver cirrhosis who developed encephalopathy due to a giant inferior mesenteric-caval shunt via the left internal iliac vein and received an Amplatzer Vascular Plug and lots of coils. This type of portosystemic shunt is rare, and the interventional radiological procedure is also rare. Several minor issues should be considered. First, Figure 1 was of low-quality and obscure. Second, some relevant cases regarding portosystemic shunt and HE regardless of liver cirrhosis should be systematically reviewed. He et al. reported a case of large paraesophageal varices causing recurrent hepatic encephalopathy and a case of inferior mesenteric vein-left gonadal vein shunt aggravating hepatic encephalopathy. These cases are similar to yours. Third, more details regarding interventional radiological

procedures should be provided. Fourth, some words are wrongly spelt or used, such as drainage, significative, etc. Fifth, the true abstract is missing.

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**Manuscript NO:** 36313

**Title:** Disabling portosystemic encephalopathy in a non-cirrhotic patient: successful endovascular treatment of a giant inferior mesenteric-caval shunt via the left internal iliac vein

**Reviewer's code:** 01805500

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-09-23

**Date reviewed:** 2017-10-07

**Review time:** 14 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Authors should a little bit change their statement that the patient did not suffer from chronic liver disease, due to the presence of hypertransaminasemia, even though light and the Fibroscan examination that revealed liver elastance of 10 KPA compatible with a probability of significative liver cirrhosis, even thought not particularly high. The role of shunting in determining hyperammonemia is clearly emphasised in a well-known research dealing with cirrhotics (but the mechanisms are equivalent, also in non-cirrhotics) that is ....BMC Gastroenterol. 2009 Mar 17;9:21. Blood ammonia levels in liver cirrhosis: a clue for the presence of portosystemic collateral veins.

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**Manuscript NO:** 36313

**Title:** Disabling portosystemic encephalopathy in a non-cirrhotic patient: successful endovascular treatment of a giant inferior mesenteric-caval shunt via the left internal iliac vein

**Reviewer's code:** 02456449

**Reviewer's country:** China

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-09-23

**Date reviewed:** 2017-10-08

**Review time:** 15 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Authors reported the case of a non-cirrhotic patient who presented with acute hyperammonemic encephalopathy due to a huge inferior mesenteric-caval shunt via the left internal iliac vein, which was successfully cured by interventional radiology procedure. The patient got clinical remission after interventional radiology procedures achieving shunt exclusion. It is crucial that physicians should recognize different pathogenesis of hyperammonemic encephalopathy.